



ARTIST'S INVOICE – **FEES**



Date Submitted	(Day / Month / Year) / /		
Name			
Mailing Address			
City/ Province		Postal Code	
Home Phone	()	Work Phone	()
Facsimile	()	E-mail Address	

Please fill in the appropriate **dates** under the following headings.

School/Teacher/Grade	Teacher Planning Session (\$40)	1 st Artist Visit (\$70)	2 nd Artist Visit (\$70)	3 rd Artist Visit (\$70)	Fee \$250/class
					\$
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					\$
					\$
					\$
				Total	\$

Facilitator: _____

Superintendent: _____

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